24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

So	chedule E)						FOR SE O	F FORM 24/48			
NAME OF COMMITTEE (In Full)											
Ν	ATIONAL REPUBLICAN CONGRESSION		C C00075820								
							3320				
Check if 24-hour report 48-hour report New report Amends report filed on 03 04 2014											
	Full Name of Payee FP1 STRATEGIES LLC		Date of Public Distribution/Dissemination								
							03 04 2014				
	Mailing Address PO BOX 16504						Amount				
	City State		7560.00								
	ALEXANDRIA VA	State Zip Code VA 22302					Transaction ID : SE24-0.039133 Date of Disbursement or Obligation				
	Purpose of Expenditure	Category/									
	MEDIA		Type			03	04	2014			
	Name of Federal Candidate		X	Support	Office	Sought:	X House	District:13			
	DAVID W JOLLY			Oppose		President	Senate	State: FL			
	Calendar Year-To-Date Per Election for Office Sought	Disbu 2014	rsement For:	Primar	y General PECIAL GENERAL						
	Full Name of Payee	7				,	. ,,	n/Dissemination			
	FP1 STRATEGIES LLC						/ D D	/ Y = Y = Y			
	Mailing Address PO BOX 16504						04	2014			
	City State		Zip Code					7560.00			
	ALEXANDRIA VA	NDRIA VA 22302				Transaction ID : SE24-0.039134 Date of Disbursement or Obligation					
	Purpose of Expenditure MEDIA		Category		$\neg \Box$	M M	/ 04	2014			
			Туре			03	04	2014			
	Name of Federal Candidate			Support	Office	Sought:	X House	District:13			
	ALEX SINK		X	Oppose		President	Senate	State:FL			
	Calendar Year-To-Date		2147811.	56	Disbu 2014	irsement For:	Primar	,			
	Per Election for Office Sought		214/011.	00		X Other (s	specify) ► SF	PECIAL GENERAL			
	() OUDTOTAL ():										
(a) SUBTOTAL of Itemized Independent Expenditures											
(b) SUBTOTAL of Unitemized Independent Expenditures											
							7				
	(c) TOTAL Independent Expenditures				·· •		7				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
	Keith A. Davis	[E] c -4	ingle EU U		M	M / D I		Y			
	Signature	Electron	ically Filed] _	Date	9 0:	3 04	20	14			

Signature

Schedule E)	EXPEND	III UKES			PAGE 2 FOR SE O	OF 2 F FORM 24/48
NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRES	FEC I	_	ION NUMBER ▼			
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	03	04	2014
Full Name of Payee NATIONAL MEDIA RESEARCH PLAN Mailing Address 815 SLATERS LANE	NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC					
City ALEXANDRIA	State VA	Zip Code 22314			ID : SE24-0.0 oursement or	
Purpose of Expenditure MEDIA		Category/ Type		03	/ D D /	2014
Name of Federal Candidate DAVID W JOLLY		Support Oppose		sident [X House Senate	State:
Calendar Year-To-Date Per Election for Office Sought	2	2147811.56	Disbursen 2014	_	Primar pecify) ▶ SP	y General
Full Name of Payee NATIONAL MEDIA RESEARCH PLAN Mailing Address 815 SLATERS LANE City ALEXANDRIA Purpose of Expenditure MEDIA	MATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC Mailing Address 815 SLATERS LANE City State Zip Code ALEXANDRIA VA 22314 Purpose of Expenditure MEDIA Category/					
Name of Federal Candidate ALEX SINK		Type Support Oppose		sident	X House Senate	State:FL
Calendar Year-To-Date Per Election for Office Sought		2147811.56	Disbursen 2014		Primar Specify) ► SF	y General PECIAL GENERAL
(a) SUBTOTAL of Itemized Independent Expenditures					1 1 7	166380.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		·· • _			
(c) TOTAL Independent Expenditures			•			181500.00
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized					
Keith A. Davis	[Electro	nically Filed] Date	M M M	/ 04) / Y Y Y 20	14